

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/937316**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/			/		
3	/		/			
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8		4		/		
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12		/		/		
13		/		/		
14		0		/		
15		0		/		
16		4		/		
17		/		/		
18		0		/		
19		0		/		
20		0		/		
21		0		/		
22		0		/		
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24	/			/		
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50						
TOTAL IND.	7					
TOTAL DEP.	30					
TOTAL CLAIMS	37					

**BEST AVAILABLE COPY**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						